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CONFIRMATION NO. 8794

<b>SERIAL NUMBER</b> 10/521,455	<b>FILING OR 371(c) DATE</b> 01/14/2005 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 26569U
<b>APPLICANTS</b> Helmut Goldmann, Tuttlingen, GERMANY; <b>** CONTINUING DATA *****</b> <i>AS</i> This application is a 371 of PCT/EP04/05162 05/14/2004 <b>** FOREIGN APPLICATIONS *****</b> <i>AS</i> GERMANY 103236767 05/15/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>AS</i> Verified and Acknowledged <i>AS</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 18
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 20529				
<b>TITLE</b> Implant having a long-term antibiotic effect				
<b>FILING FEE RECEIVED</b> 900	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	